



GRIEVANCE FORM



Date Filed:

Contact Information for Person Filing the Grievance:

Name:	<input type="text"/>		
Address:	<input type="text"/>	Phone #1:	<input type="text"/>
City, State Zip:	<input type="text"/>	Phone #2:	<input type="text"/>
Email:	<input type="text"/>		

Person Grievance is Filed Against:	<input type="text"/>
Date(s) of The Incident	<input type="text"/>

Please answer all of the following questions. Use of this form is required.

What is the complaint? Please be very specific and concise in presenting the complaint.
<input type="text"/>
Describe all actions that you have taken to resolve this issue. Please include all responses to your attempts to resolve this issue.
<input type="text"/>
What remedy are you seeking? Please be very specific in identifying the remedy.
<input type="text"/>
Please identify the person(s) you have already contacted or talked about this matter with:
<input type="text"/>

Submission Options: Hand deliver or Email to:
Any NSYB Executive Board Member / garyiinsyb@gmail.com